U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

U .e / FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

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For Office Unit Only		
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E QUESTION	י אורים מורי ב	,
1 File Number U 105/		2 Fiscal Year Covered From:
,,,,,	•	7 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person fil		4 Name file number and address of labor organization
Name Robert	M Palandech	Name IBEW Local 48
KODELL	h tardunecu	Labor Organization File Number 033-435
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PO Box Bldg Room No if any		PO Box Building and Room Number if any
Street 11851 SE 36th		Street 15937 NE Alrport Way
City Mılwaukie		City Portland
State Oregon	ZIP Code + 4 97222	State Oregon ZIP Code + 4 97230-4958
6 Position in labor organization	Just Dat 1 1 % - Pr	A 1:
	Trustee for BLMCC	puse or minor child directly or indirectly had any of the following interests
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Name of Person Filing Robert Palandech	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name I.B.E.W. Local 48			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 15937 NE Airport Way	C. Employer		
City Portland			
State Oregon ZIP Code + 4 97230-4958			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Barnes Labor Management Cooperative Committe	Serve as trustee who is responsible for directing the administrators on the financial matters of the trust and policy decisions affecting the		
Trade Name, if any:	participants of the trust.		
P.O. Box, Bldg., Room No., if any			
Street 1220 SW Morrison Suite 300	11.b. Approximate dollar value of such dealing. \$408		
City Portland	12.a. Nature of interest held or income received.		
State Oregon	Sun River 2004 Annual Meeting-Lodging \$408		
	12.b. Amount. \$408		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State ZIP Code + 4	The district as the control of the c		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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